

## APPLICATION FOR EMPLOYMENT

Date:		Available Start Date:			
Name:		Available Start Date:			
Social Security #:		Hours Desired:			
Address, City, State, Zip:					
, taa. 666, 6ky, 6tato, 2.p		Are you currently employed?			
Phone # Phone	e#	May we inquire of your present employer or past employers?			
Referred by:					
Employment Position Desired:		Have you applied here before?			
		Location: Degree			
		Location: Degree			
Colleges or Universities:		Location: Degree	ee:		
Post Graduate Schools:		Location: Degre	e:		
		Position Rea	ason for Leaving		
		and whom you have known for at least o			
		<del></del>			

Experience and Skills
Check those that apply to your past experience

Check those that apply to your past experience						
	Yes	No	# of Years	Give Details		
Typing (W.P.M)						
Computerized Bookkeeping						
Account Collections						
Treatment Presentation						
Fee Presentation						
Insurance Processing						
Charting						
Dental Terminology						
Heat Sterilization						
Fixed Appliance Removal						
Fit Lingual Arches and Headgears						
Take, Develop and Mount X-Rays						
Digital Facial and Intraoral Photographs						
Pour and Trim Models						
Fabricate Appliances						
Trace Cephs						
Coronal Scaling						
Plaque Control Instructions						
Fit Bands						
Form Arch wires						
Take Impressions						
		•	•			
<ol> <li>Please state and explain which of your previous positions you enjoyed the most and why.</li> <li>Please state which of your previous positions you enjoyed the least and why.</li> <li>Briefly describe your short-term (1 year) employment goals.</li> </ol>						
4. Briefly describe your long term (5-year) employment goals.						
The facts set forth in this application are true and complete. I understand that if employed, false statements on this application will be considered sufficient cause for dismissal. I hereby authorize Heidi Harman Orthodontics, LLC or its agents to make any investigation of my employment and personal history, through and investigative or credit agencies of its choice. This includes background and credit checks. I also understand that neither this application nor commitment of employment by Heidi Harman Orthodontics, LLC constitutes a contract of employment. I understand this application for employment is valid for no more than sixty days. After sixty days, I must submit a new application in order to be considered for employment at Heidi Harman Orthodontics, LLC.						
Signature:			Date	:		